USEPA 290 BROADWAY NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1203

Operator Project #	Postmark	Date Rec	eived		Notification #					
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): R – New Start Date & Waste Hauler & Landfill Information										
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):										
OWNER NAME: International Business Machines (IBM)										
Address: 1 North Castle Drive										
City: Armonk State: NY Zip: 10504										
Contact Name: Ralph Harkins	•	Telephone: 914-765-4489								
REMOVAL CONTRACTOR: PAL	. Environmental Safety Corp	o. d/b/a PAL	Environme	ntal Services						
Address: 11-02 Queens Plaza South										
City: Long Island City		State: NY Zip: 11101								
Contact Name: Aric Domozick Telephone: 718-349-0900										
OTHER CONTRACTOR:										
Address:										
City:				State:			Zip:			
Contact Name:				Tele	phone:					
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R										
IS ASBESTOS PRESENT? (YES NO) YES										
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)										
Building Name: North Castle										
Address: 1 North Castle Drive										
City: Armonk		State: NY Zip: 10504			504					
Site Location: 1 st & 2 nd Floor										
Building Size: 450,000 SF		# of Floors: 4			Age in Years: 53					
Present Use: Commercial		Prior Use: Commercial								
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM — Polarized Light Microscopy										
Approximate amount of asbes			Asbestos Material		Indic	Indicate Unit of Measurement				
Including	to be	1			Below					
 Regulated ACM to be rem Category I ACM not remo Category II ACM not remo 	ved	ed								
,			CAT I	CAT II		ι	JNIT			
Pipe Saddle Insulation	492				Linear Feet:		Ln M:			
Surface Area: VAT/Mastic/Car		5			Square Fe	eet: X	Square Meter:			
Volume RACM off Facility Com					CuFt:		Cu M:			
Scheduled Dates Asbestos Removal (mm/dd./yy)			Start: 07/13/2016		Complete: 07/01/2017					
Scheduled Dates Demo/Renovation (mm/dd./yy)			Start:		Complete:					

	7,000		3200					
DESCRIPTION OF DIAMNED DEMOLITION OF DENOVATION	ALMORIC AND MET	100 (C) TO DE LICED						
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:								
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT								
THE DEMOLITION AND RENOVATION SITE:								
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.								
WASTE TRANSPORTER #1								
Name: Freehold Cartage, Inc.								
Address: P.O Box 5010 825 Highway 33	State: NJ							
City: Freehold	Zip: 07728							
Contact Name: Jack Fitzsimmons Telephone: 732-46.								
WASTE TRANSPORTER #2								
Name:								
Address:	1							
City:	State:		Zip: Telephone:					
WASTE TRANSPORTER #3								
Name:								
Location:								
City:	State:		Zip:					
Telephone:								
Disposal Facility								
Name: G.R.O.W.S North Landfill								
Location: 1000 New Ford Mill Road								
City: Morrisville State: P	A	Zip: 19	Zip: 19067					
FOR EMERGENCY RENOVATIONS								
Date and Hour of Emergency (mm/dd./yy)								
Description of the Sudden, Unexpected Event:								
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY								
NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered								
unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA								
Vacs, to be put in 6 mil poly bags for proper disposal.								
I CERTIFY HAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-								
SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY								
THIS REASON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)								
<u>07/08/2016</u>								
Signature of Owner/Operator Date								
I certify that the above information is correct								
07/08/2016								
Signature of Owner/Operator Date								
- M								